FEDERAL FINANCIAL REPORT

| Federal Agency and Organizational Element 2. Federal Grant or Other Identifying Number Assignee | ad by Fadaral A | | D | |
|---|---|---|---------------------------------------|----------|
| 1. Federal Agency and Organizational Element 2. Federal Grant or Other Identifying Number Assignd to Which Report is Submitted (To report multiple grants, use FFR Attachment) | ed by rederal A | igency | Page | of |
| | | | | |
| National Park Service GRANT # | | | | pages |
| Recipient Organization (Name and complete address including Zip code) | | | | |
| Name of your org & Addre | SS | | | |
| 4a. DUNS Number 4b. EIN 5. Recipient Account Number or Identifying Number | 6. Re | port Type | 7. Basis of Acco | ounting |
| Your EM (To report multiple grants, use FFR Attachment) | | ni-Annual | | |
| DUNS OR TAX BLANK | □ Anr | | ☑ Cash □ | Accrual |
| 8. Project/Grant Period | | Period End Da | / | <u> </u> |
| From: (Month, Day, Year) Dote of Grant End dak of Grant | (Month, I | Day, Year) | Jan: out | Bookly |
| Start Julye Of Glant Ena work of Gla | nt . | <u> </u> | MULLIN K | CPUT D |
| 10. Transactions | | | Cumulative | ′ |
| (Use lines a-c for single or multiple grant reporting) | | | | |
| Federal Cash (To report multiple grants, also use FFR Attachment): | | | | |
| a. Cash Receipts | | | | |
| b. Cash Disbursements | | | | |
| c. Cash on Hand (line a minus b) | | | | |
| (Use lines d-o for single grant reporting) | | .47 | | |
| Federal Expenditures and Unobligated Balance: | | 6 10 a l | | |
| d. Total Federal funds authorized | | Grant | Hyre | emen |
| e. Federal share of expenditures f. Federal share of unliquidated obligations | | What | you ve | Spen |
| g. Total Federal share (sum of lines e and f) | | TOLGO | of 60 | O NOT A |
| h. Unobligated balance of Federal funds (line d minus g) | | 1010 | 01 011 | |
| Recipient Share: | | | | |
| i. Total recipient share required | | | | |
| j. Recipient share of expenditures | | | | |
| k. Remaining recipient share to be provided (line i minus j) | | | | |
| Program Income: I. Total Federal program income earned | * | | | |
| m. Program income expended in accordance with the deduction alternative | | | | |
| n. Program income expended in accordance with the addition alternative | | | | |
| o. Unexpended program income (line I minus line m or line n) | _ | | · · · · · · · · · · · · · · · · · · · | |
| a. Type b. Rate c. Period From Period To d. Base | e. Amount C | Charged | f. Federal Share | _ |
| 11. Indirect | | *************************************** | | |
| Expense | | | | |
| g. Totals: 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in | compliance with | n aovernina leai | l slation: | |
| -g | | . 3 - 1 - 1 1 1 1 3 1 - 3 | | |
| 13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my kno any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penaliti | - | | ction 1001) | |
| a. Typed or Printed Name and Title of Authorized Certifying Official c. Telepho | | e (Area code, n | umber and exten | sion) |
| | | | * | |
| d. Email a | | ddress | | |
| b. Signature of Authorized Certifying Official | e. Date Report Submitted (Month, Day, Year) | | | |
| | | | | |
| | 14. Agency | use only | | |
| | 17. Agency | ace umy. | | |
| $	ilde{	heta}$ | Standar | d Form 425 | | |

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